

CHARD RURAL DISTRICT COUNCIL.

A N N U A L R E P O R T

of

THE MEDICAL OFFICER OF HEALTH.

FOR THE YEAR ENDED 31st DECEMBER, 1957.

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:

A. M. McCall V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

P. P. Fox M.B., Ch.B., D.P.H.

Public Health Inspectors:

E. Whisker M.S.I.A.
C. V. Mugeridge M.S.I.A.
T. A. J. Fowler M.S.I.A.

County Council's Health Visitor:

Mrs. O. J. M. Pitt S.R.N., S.C.M., H.V.

COMMITTEES concerned with matters of Public Health:

- (a) Public Health ... (19 Members).
 - (b) Housing ... (19 Members).
 - (c) Works ... (15 Members).
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CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1957.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for 1957.

This year will surely go down in history as the year which saw the first practical steps in man's conquest of space and in comparison with the stupendous new developments that are taking place in the world to-day my Annual Report may seem dull and commonplace.

There were a number of cases of whooping cough notified and a large number of people developed influenza in the last quarter of the year.

This year I have chosen Cancer as a subject for detailed consideration. Included in this I have made special reference to the problem which is currently occupying people's minds, lung cancer. "It is always a silly thing to give advice, but to give good advice is absolutely fatal". I am therefore taking a calculated risk in this report. We know that smoking cigarettes is responsible for a large increase in cancer of the lung: this is true even if some other factor should co-exist as some assert. I hope after reading the text the heavy cigarette smoker will realise that it would be more profitable to ask "Why is my philosophy so feeble?" than "What are the chances for me of cancer of the lung if I persist?"

I wish to acknowledge the courtesy shown to me by the Public Health Committee and the Council during the year.

I am,

Your obedient Servant,

A. M. McCALL,

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
June, 1958.

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CHARD RURAL DISTRICT

in the
COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1957.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION: The Registrar General gives the estimated mid year population for 1957 as 12,400. The general statistical details are given in Appendix A, Table 1.

BIRTH RATE: The Birth Rate was 12.9 per thousand, which was lower than the 1956 figure of 13.18. When the Comparability Factor is taken into account the figure is 13.8, well below the National figure of 16.1. There were six illegitimate births.

DEATH RATE: The Death Rate for the year was 11.2 per thousand. The cases of death are shown in Appendix A. Table 3. They follow the now familiar pattern, with diseases of the heart and circulation at the top of the list. I discussed heart disease at length in my report for 1953. This year I propose to consider the second greatest killer - Cancer.

CANCER is a disease with a world wide distribution and could be said to be pandemic at the present time. Sufferers can be divided into three categories - those who die, those who endure, those who fear.

Cancer offers considerable scope for the practice of preventative medicine. A large number of substances are now known to be the causers of cancer (carcinogens) such as tar, arsenic, smoke, etc. The potential number at risk in the country must be enormous, particularly in industry. These hazardous occupations should receive medical supervision and the known carcinogenic substances should be eliminated from the processes or used in such a way as to be innocuous. Cancer of certain sites due to friction can be avoided. Diseases such as chronic gastric ulcer can be effectively treated and not allowed to linger on and predispose to carcinomatous change.

Treatment of cancer can be by surgery, radiotherapy, chemotherapy or a combination of all three. For success early diagnosis is obviously necessary. In this sense 'early' refers not to time but to the clinical condition of the cancer. Some cancers are slow growing and comparatively non-malignant and may still be in an early clinical stage six months after the first symptoms have appeared. Another type of uninhibited growth may have made an extensive invasion of the surrounding tissues even a few weeks after first making its presence felt. The unpredictability of the disease is an important reason why the malady is especially dreaded. However, new surgical procedures have greatly increased successful treatment. New machines in radiotherapy are vastly more effective. New introductions in this field include radio-active gold and cobalt. In the sphere of chemotherapy intensive research is proceeding in an endeavour to find the drugs which will inactivate the disease or alleviate the symptoms. All these advances are grounds for measured optimism.

The next step is obvious. It is the necessity to educate the public about cancer. There is considerable confusion in the public mind about the causes of cancer. I have heard it suggested that cancer can be caused by such things as tinned fruit, tomatoes or aluminium utensils.

There is a need to produce a new climate of public opinion towards the disease. Many people who have been treated successfully by operation do not know they ever had cancer. There is a need to stress the good side, the successes and improved prognosis. Relatives should be informed when the treatment given is curative and when merely designed to alleviate the symptoms or to delay the inevitable.

The Ministry of Health were for a long time against too much publicity concerning the disease. Many doctors are of the opinion that a campaign to educate the public about cancer would merely produce a fear of the disease. I believe the public are more prepared to accept informed advice about cancer than the medical profession realize. Most people fear the disease. It is the reaction to the fear which is important. I think that a campaign might be inspired centrally, but conducted at local level. Cancer is a human problem and the closer the contact with the individual the more likely is a campaign to succeed.

This year the Government have at last directed that local Health Authorities shall inform the public of the connection between heavy cigarette smoking and cancer of the lung. The need for this has been discussed in my Report for 1954.

Cancer of the lung with a death rate (1955) of over 17,000 in England and Wales, is now not only the commonest cancer in the male sex but one of the main killers of our time. In the age group 50 - 52 years, it is the cause of 50% of all cancer deaths and

1 in 18 of deaths from all causes. Although the death rate for females is still comparatively low, it also has shown a considerable increase in recent years. The trend over the last few years indicates that the incidence of cancer in both sexes has not yet reached its peak.

The Medical Research Council issued a report in June, 1957. A survey in this country which has been in progress five years has shown with regard to lung cancer in men

- (1) A higher mortality in smokers than in non smokers;
- (2) A higher mortality in heavy smokers than in light smokers;
- (3) A higher mortality in cigarette smokers than in pipe smokers;
- (4) A higher mortality in those who continued to smoke than in those who gave it up.

Surveys in 19 other countries agreed in showing more smokers and fewer non smokers among the patients with lung cancer and a steadily rising mortality as the amount of smoking increases.

The Medical Research Council report states that 'although no precise calculation can be made of the proportion of life-long heavy cigarette smokers who will die of lung cancer, the evidence suggests that at current death rates it is likely to be of the order of 1 in 8 whereas the corresponding figure for non smokers would be of the order of 1 in 300. The observation on the effect of giving up smoking is particularly important, since it indicates that men who cease to smoke even in their early forties may reduce their likelihood of developing the disease by at least one half'.

The Report also states that a proportion of cases of lung cancer may be due to atmospheric pollution. Studies of the small number of deaths from the disease among non smokers have shown higher death rates in residents in big towns as compared with rural dwellers. 'on balance it seems likely that atmospheric pollution plays some part in causing the disease, but a relatively minor one in comparison with cigarette smoking'.

The Government have passed legislation making it possible to declare areas as "smoke-free" in which the emission of smoke from fires and furnaces is prohibited. However, with regard to smoking, they have so far only stated their intention to bring the opinion expressed in the M.R.C. Report 'effectively to the public notice, so that everyone may know the risks involved in smoking'. This is being done by the display of posters etc. So far the public have adopted a "laissez faire" attitude which it would not have done if the action of the Government had been to remove the inherent danger rather than leaving it to self discipline of individual members of the community.

It is undoubtedly the moral duty of all those working in the public health field to make known the fact that smoking is bad for health. Particularly must the young be dissuaded from the habit. At present there is no means of making the smoking habit safe, filter tip cigarettes and filter holders are of no use in the present state of knowledge.

The growth of the habit is interesting. A hundred years ago few, if any, cigarettes were smoked. Half a century later, however, there lay three methods open to the smoker which embodied three distinct desires; the pipe - manliness; the cigar - opulence and luxury; the cigarette - connoisseurship and the art of living. Cigarettes made of Turkish or Egyptian tobacco, were rather expensive, were selected according to personal taste and were consumed on a principle that is sparing and appreciated, one after each meal as a rule with the addition of two or three to be enjoyed with particular relish at chosen moments. Oscar Wilde referred to the cigarette as an example of the pleasure of the moment that leaves one exquisitely unsatisfied.

Meantime the working man, previously content with his pipe, began to acquire a taste for cheap American cigarettes which he called 'fags' or 'gaspers'. No connoisseurship goes to the consumption of gaspers, a practice depending partly on habit, partly upon addiction to the drug nicotine. The habit rests upon the soothing sensations that a baby derives from a dummy or comforter; the drug in the cigarette produces vague pleasurable feelings that are difficult to analyse. The first World War brought to many a man agitation and suspense such as he had never known before. To pull out a gasper, to suck it and to inhale the smoke gave a temporary relief; and so a new habit was acquired by thousands who would not otherwise have cared for it. When the War came to an end, the habit did not die, even women fell victims in time, many of whom have learnt by now to consume moderate quantities of cigarettes.

Far more American cigarettes are smoked to-day than were smoked of the Turkish and Egyptian variety. Between the old and new methods of smoking there is a fundamental difference. The earlier exponent followed a principle laid down by Epicurus, that pleasure has a maximum and to seek addition beyond is to lose rather than gain. The wise smoker kept within bounds and secured the maximum of enjoyment. He could relinquish the practice at any time. The working man, on the other hand, and the unlearned generally sought to increase their pleasure by multiplication, but all in vain. They also found themselves unable to shake off the habit even when they wished. The old connoisseur has gone, cigars are the luxury of the few, even the pipe has fewer devotees. The gasper has prevailed over all and brought with it the new custom of inhaling smoke. The once rare disease

cancer of the lung now kills more in a year than tuberculosis; and the death is not a good one. So we are faced with the fact that in less than a lifetime a mortal disease affecting all classes has increased to a startling extent.

INFANT MORTALITY: Five infants under 1 year of age died in 1956 according to the records supplied by the Registrar General. I was only able to find details of three. One was a case of pneumonia in a premature child, the second was a congenital abnormality and the third was due to acute pneumococcal endocarditis.

MATERNAL MORTALITY: There were no maternal deaths during the year.

SOCIAL SERVICES: The Social Services provided by the Local Health Authority remained unchanged during the year, There was some unemployment due to prevailing conditions in industry.

SECTION B. GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

No new services were provided during 1957 but public support of existing services was satisfactory.

CARE OF MOTHERS AND YOUNG CHILDREN:

ANTENATAL CLINICS: Mothers were able to attend those in the adjoining districts at Chard and Crewkerne which were held twice a month. A medical officer is present at both clinics.

Relaxation classes are held at Crewkerne twice per month. Miss Taylor, a fully qualified physiotherapist conducts these classes. She explains the mechanics and physiology of childbirth, and also explains how the mother can most usefully assist in the birth of her own baby. This is followed by practical teaching in methods of relaxation. These classes have been so welcomed by the mothers that they need no persuading to attend regularly, and we have found little necessity to repeatedly publicize them. The mothers tell one another of the great advantages of attendance and of the very happy practical results.

No antenatal dental treatment was given at either clinic during 1957.

DOMICILIARY MIDWIFERY: The District Nurses continued to attend expectant and nursing mothers in their homes, with the private practitioners supervising the cases. The practical service of delivery of the mothers and their after-care follow naturally on the work of the antenatal clinic. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the nurses who will be looking after them. All this leads to a feeling of calm confidence which is so essential.

HOSPITAL CONFINEMENT: All cases needing hospital confinement are admitted to units either in Yeovil, Taunton or Templecombe.

INFANT WELFARE CLINICS:

Merriott: This clinic is held twice per month and Dr. Dauncey is present at each session.

Shepton Beauchamp: This clinic is held once per month with Dr. Cartwright present on each occasion.

Tatworth: This clinic is held monthly.

Winsham: This is a monthly clinic and Dr. Elliott attends as she does that at Tatworth.

Details of attendance at these clinics are shown in Appendix B, Table 1.

HEALTH VISITING: The District Nurses and Mrs. Pitt act as Health Visitors for the area. Mrs. Pitt is also the Tuberculosis Health Visitor for the whole area.

The primary function of a Health Visitor is to visit the homes of the people and I am quite confident that at present this work is being done in a very efficient manner. This is particularly true in respect of the following-up of children with defects discovered at School medical inspections. None are overlooked, and if parents co-operate they will derive a maximum benefit from this part of the Health Service.

HOME NURSING: In addition to their many other duties the District Nurses visit people's homes to carry out a large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our Nurses have been working during the past year.

IMMUNISATION: The necessity for immunisation against diphtheria continued to be stressed. However, the presence of poliomyelitis interfered with the campaign and all immunisations were suspended during the second and third quarters.

IMMUNISATION (continued).

Later the Ministry advised against the use of combined whooping cough and diphtheria vaccine, particularly when acute poliomyelitis was prevalent. Individual vaccines, necessitating three injections each at different times, were issued. This meant that the infant was likely to lead a pin cushion existence during the first year of life. This brought forth loud protests from doctors and parents and finally it was decided to revert to the use of combined vaccine, but to avoid immunisations during the second and third quarters of the year.

VACCINATION: In 1957 91 primary and 10 re-vaccinations were carried out. This is still not as many as I would like and I think that general practitioners might be able to help in this aspect of preventive medicine by persuading the parents of all infants to accept vaccination.

HOME HELP SERVICE: The Home Help Service, organised by the County Council, is readily available in the area. It is my experience that the standard of work done by members of this service is most satisfactory and greatly appreciated by those in whose homes they are employed.

SCHOOL MEDICAL SERVICE: I visited all schools during 1957 and the details may be found in Appendix B, Table 2.

SPEECH THERAPY: Children were able to attend for speech training at both Chard and Crewkerne. Miss Henshaw attended each clinic once a week in 1957.

BREATHING EXERCISES CLINIC: These clinics are now held at Crewkerne and Chard each week and children from our district are able to attend there. The Health Visitors supervise the exercises at every clinic and explain the idea and method to parents who attend with the children. The Medical Officer attends once a month to assess progress and to see all new cases and discharge those who have learnt how to control their breathing.

SCHOOL DENTAL SERVICE: A part-time Dental Surgeon commenced work in the Rural District in June and carried out work in the Tatworth Junior School.

In addition the County Orthodontist attended the Chard Clinic once a month throughout the year.

Dates of the Dental inspections of schools in the district are shown in Appendix B, Table 3.

OPHTHALMIC SERVICE: The County Ophthalmic Surgeon held special clinics at Yeovil and Taunton throughout the year. Any child who was found to have a visual defect at school medical inspection was referred to these clinics.

In addition opticians carried out eye tests on local children and reported to the School Medical Officer on each child's vision and their recommendations concerning the wearing of glasses. This helped to overcome the erring child's assertion when found without glasses 'He said I did not have to wear them any more'.

ORTHOPAEDIC SERVICE: When necessary, children are referred to Orthopaedic Surgeons who hold clinics at Yeovil and Taunton. Reports and recommendations by the Specialists are forwarded to me as the School Medical Officer, and I see such children at each medical inspection and more often, if necessary. Most of the cases which require operation are admitted to Bath Orthopaedic Hospital.

A clinic is held once per month at Crewkerne and Chard where the Orthopaedic Sister supervises the follow-up of cases resident in that part of the Rural District.

PHYSIOTHERAPY: A physiotherapy clinic is held in Crewkerne two whole days per week. Many patients from the Rural District attend. This is a service provided by the Regional Hospital Board and it is obviously of necessity to the local Public Health Committee, in that it is a service which increases the speed of recovery of persons who have had bone and muscle injuries, and in addition gives a great deal of relief to the older members of the population suffering from rheumatic and arthritic conditions.

EPILEPTICS: Any cases of epilepsy occurring in the area are referred to a Specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

SPASTICS: Arrangements for spastic children in the area were reported in detail last year and remain unchanged.

BLIND PERSONS: There are 29 blind persons and 2 partially sighted persons in the area. No cases of ophthalmia neonatorum were notified during the year.

AMBULANCE SERVICE: The Somerset County Ambulance Service covers the area from their Taunton and Yeovil depots. The service worked quite smoothly throughout the year. In addition at night and at week-ends the area is covered by the Red Cross Ambulance in the charge of Mr. E. G. Farr for Ilminster and the St. John's Ambulance in the charge of Mr. Brooks in Chard. Mr. Sutton resigned in October, 1957, after being responsible for the Crewkerne ambulance for over 20 years. The station was closed and the ambulance moved to Yeovil.

SECTION C. PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

A summary of the infectious disease notified during the year will be found in Appendix C, Table 1.

Neither of the two cases of poliomyelitis proved to be serious and both made good recoveries.

It was a very active year as far as prevention of disease was concerned. For the first time B.C.G. vaccination against tuberculosis was made available for school children and all born in 1943 were offered protection. In the first instance all those who applied were skin tested (Heaf Test): four days later their skin reaction was read. Those who had no reaction were vaccinated. Those who reacted (Heaf positive) were noted for investigation. It meant that they had already been in contact with some source of tuberculosis infection and it was necessary to discover whether the disease was active or whether they had overcome the initial infection. All in this category were given a clinical examination by the Chest Physician and were X-rayed. No active cases were discovered.

MASS X-RAY SURVEY.

For some time it has been felt that at the annual visits of the Mass X-Ray units, the same small percentage of the population presented themselves for X-Ray. A large number of people, among whom were possible cases of tuberculosis, never availed themselves of the opportunity of having their chest X-Rayed.

In an endeavour to overcome this resistance it was decided that an all out effort should be made in a selected district. After discussion with the Unit Director and Chest Physicians, South East Somerset was chosen as a suitable area to make this pioneer effort.

Advance publicity was given in the Press. Local organisations were contacted and informed of the programme. Leaflets and posters were prepared and a personal letter from the Medical Officer of Health was sent to each householder. This letter pointed out the efforts being made to rid the country, and particularly Somerset, of tuberculosis. In 1957 for the first time, vaccination against tuberculosis was offered in the schools. Cattle were being tuberculin tested and the area should be free of all tuberculous cattle by 1958. The Mass X-Ray Units were to spend six weeks in S.E. Somerset. Their presence presented an opportunity for all possible infectious cases to be diagnosed and treated before any risk of spread of infection. Householdors were reminded that it was most important that people of all ages should regard it as an essential duty to be examined.

The programme aimed at placing the static units in accessible towns where they could take small and large X-Rays. The mobile units visited the villages of the area in advance of the static units. All cases requiring recall for full size films were recalled to the nearby town later. In this way it was hoped to make maximum use of the mobile equipment.

The response from organisation was good and the administration was most satisfactory. The response from the public in villages was encouraging but less so in the towns. Many of the villages were visited for the first time and no doubt there was a certain novelty interest in the visit, they are also closer-knit communities and publicity more effective. Unfortunately the visits to the towns seemed to be preceded by a few days by the influenza virus which had a far greater response than the Mass X-Ray Units. Nevertheless more people in S.E. Somerset have been X-Rayed than ever before.

Mobile units visited the villages of Combe St. Nicholas, Hinton St. George, Merriott, Misterton, Shepton Beauchamp and Tatworth and altogether a total of 1,106 persons availed themselves of the opportunity of having their chests X-Rayed. Details will be found in Appendix C, Table 2.

Mass Miniature Radiography is satisfactory for case finding and prevention when there are plenty of cases in the population. However, there is a growing feeling that where the number of infected persons is low it becomes wasteful. Undoubtedly the mobile unit has fulfilled a very important roll, but now, with a decline in the prevalence of the disease, there is a need for mass radiography to be more selective. Mobile units will still be required for special surveys in schools and factories and rural areas, but the

MASS X-RAY SURVEY (continued).

growing need is for static units in large towns and hospitals. These units would always be available for patients referred by doctors and volunteers, the groups from whom the highest percentage of tuberculosis cases are discovered.

Once units are permanently available, the public should be encouraged to regard chest radiography in the same way as they regard examination with the stethoscope. It must be a normal procedure in a medical examination. If any person with chest symptoms seeks medical advice and a chest X-Ray film were not taken, then that person would instinctively feel that the examination was incomplete.

This attitude could be encouraged if senior school children were given a chest X-Ray with their medical examination. All employment certificates should state the date of the chest X-Ray and the result. It is essential that all whose employment will bring them in contact with children should have a chest X-Ray before commencing work.

The Ministry of Health have already announced their intention to establish more static units which they intend to base in large hospitals.

INFLUENZA: Early in 1957 extensive outbreaks of influenza occurred in several countries of the Far East and particularly in India, Japan and Singapore, hence the name 'Asian influenza'. Outbreaks were reported among persons travelling by sea and air from the affected regions.

The first cases reached this country in late June when five seamen arrived at Bristol suffering from 'Asian 'flu'. Influenza in this country is a disease of winter. An outbreak practically never occurs in the summer and should it do so it is always limited and very mild. The epidemic began in September in the north of England and reached the south three weeks later. The main characteristics of the epidemic were the high infectivity, whole families went down almost simultaneously; the large number of school children, young people and early middle aged persons affected. Crewkerne, in common with the rest of the West, was fairly hard hit. The number of boys ill reached such a high proportion of the total number of boarders that the staff were unable to cope with the situation and the Grammar School was closed for ten days.

Virus strains from the Singapore outbreak were studied and found to be markedly different from those of previous epidemics and existing vaccines were of no value. The Ministry of Health arranged for the production of a formalized egg vaccine. However, the influenza arrived before the vaccine so that it did not have a fair chance. Minor constitutional upset was experienced by some people who received the vaccine and sore arms were common. However, I feel there is a future for vaccines in this disease but they should be available at least a month before an epidemic.

The influenza epidemic of 1891 - 92 started in China, as this one did, and ravaged the world. The epidemic of 1918 - 19 started in the summer of 1918 among troops in France and was apparently introduced from Spain - hence the name 'Spanish flu'. It was a very severe illness and some 62,000 deaths occurred in the cities and urban districts of England and Wales in the winter of 1918 - 19.

At the present time two questions seem pertinent; will there be a second wave of the disease as occurred in the 1918-19 epidemic? We must wait and see. If the second wave does occur will the virulence of the virus increase? It did not do so in 1919.

SECTION D. ENVIRONMENTAL HEALTH SERVICES.

(a) SANITARY CIRCUMSTANCES:

Climatic Conditions. The total rainfall during 1957 amounted to 25.50 inches - slightly more than 1956 but less than the yearly average. The summer months were the most disappointing, otherwise the year was reasonably dry and mild.

Water Supply. The water supply was quite satisfactory both in quality and quantity and no shortage was experienced during the year. Details of the chemical and bacteriological reports will be found in Appendix D, Table 1, together with other relevant data concerning the distribution of the supply.

Extensions: The following extensions and improvements to supplies were made during the year:-

- 4" and 3" mains extension to Buckland St. Mary, Blackwater and Donnett;
- 40,000 gallons capacity Reservoir at Buckland Clump, Buckland St. Mary;
- 3" branch main to Chaffcombe completed to Cider Mills and connected to village supply;
- 1" and $\frac{3}{4}$ " extension to Castle Inn, Buckland St. Mary;
- Permanent pumping plant installed at Pole Rue, Combe St. Nicholas;
- Chlorination plant installed at Pole Rue, Combe St. Nicholas.

In 1955, as a result of public representation, the Minister held a public enquiry into the supply to the Blackwater area of Buckland St. Mary. As a result, the Council had to undertake the extension at a cost of about £4,000. Since then eleven properties, including four farms, have so far connected to the new main. These provide an annual income to the Council of £35.10.0. Eleven other properties which could be served have not applied. I think the large sum sanctioned by the Ministry for this scheme could have been better spent on sewerage schemes in those villages where the situation is urgent. At the moment these schemes are delayed on account of the economic situation.

Sewerage: There were no changes in the number of parishes with a main drainage and disposal system. Extensions to existing systems were made during the year as follows:-

- 6" sewer extension from Lower Street to Hitchen, Merriott;
- 6" sewer extension at Combe Wood, Combe St. Nicholas;
- Lea Recorder installed at Tatworth outfall

The following schemes have been prepared ready for the Council to proceed when the present financial restrictions are moved:

						Approximate Cost.
						£
(a)	Hinton St. George, Lopen and Seavington	...	...	...	...	45,700
(b)	Ashill	...	...	...	...	12,200
(c)	Donyatt	...	...	...	...	13,600
(d)	Broadway - Horton	...	...	...	...	30,600
(e)	Improvements to Tatworth sewage disposal works	...	...	...	...	14,200
(f)	" " Merriott " " "	...	...	...	...	13,700
(g)	" " Misterfon " " "	...	...	...	...	6,500

Camping Sites: Details are shown in Appendix D, Table 5.

River Pollution: In June, for the second time in three years, there was a serious pollution of the Forton Stream which drains into the River Axe. As on the last occasion, the offending chemical, cyanide, entered the stream from an industrial premises, not the same one as on the previous occasion. This time a cleansing tank was allowed to overflow into the stream and this strongly toxic fluid, which should have been detoxified before discharge, found its way into the stream, killing all life in the Forton Stream for a considerable distance.

The cause of this catastrophe was discovered following a very thorough investigation by Mr. James, River Pollution Officer of the Devon River Board, and he is to be congratulated for his keenness and efficiency.

On the last occasion this occurred I and Mr. James met all interested parties and explained the dangers of discharging untreated toxic fluids into streams. Methods of prevention were discussed and addresses of firms specialising in this work were supplied. On this occasion the error was due to negligence of a particular workman. It has been suggested that when this area of Chard is provided with main sewerage all will be well. However, cyanide is unchanged by treatment in a works and such effluents from factories would have to be detoxified with equal care before discharge into a sewer as is necessary at present.

Public Cleansing: Refuse collection is carried out by direct labour in the District. All parishes are covered. The villages are served twice a month and the more remote areas once a month. Two Karrier refuse collecting vehicles are used. Trade waste is collected from one factory only at 55/- per load. All refuse is tipped by the controlled method at three tips.

Cesspools are emptied by contract at 23/6d. per 900 gallons.

Rodent Destruction: The rodent operator carried out survey and treatment work throughout the year.

(b) FACTORIES ACT.

During the year inspections of premises under the Factories Act were made and details of this work will be found in Appendix D, Table 2.

(c) HOUSING:

Appendix D, Table 3, gives details of the housing situation and the action taken during the year.

The Council continued to take active steps to deal with substandard properties in the District. Improvement grants were given in suitable cases and a considerable number of notices were served under Section 11 of the Housing Act in an endeavour to persuade owners to improve their property.

(c) HOUSING (continued).

While the emphasis remains on the improvement or demolition of substandard houses there is necessarily a slowing down of the Council building programme other than for houses to re-house those people compulsorily moved. There are still a considerable number of applicants who are forced to remain in houses too small or, due to their bad arrangement and lack of facilities, unsuitable to their needs.

I and the Public Health Inspector frequently visit houses where the tenant complains of dampness or lack of ventilation. We are shown damp patches on walls and in cupboards or small and inadequate windows. Very often these very same windows are tight shut and 50% of the light obscured by curtains and pot plants. The damp walls are more often than not in rooms provided with a fire place which is seldom, if ever used. The door is kept shut and the almost complete lack of ventilation and normal warmth naturally encourages damp. Many people have little conception of what normal ventilation is or of how to prevent the normal humidity of the atmosphere from condensing on their walls and furniture. No doubt many old houses without damp courses in their construction are liable to rising damp, but intelligent use of heat and ventilation will minimise the effects of it. I frequently see two identical houses in a row, sometimes in the same ownership, one tenant is house-proud; the house is clean, the decoration is good and usually carried out by the tenant. Next door the tenant takes the view that once the rent is paid the onus is on the landlord to do the rest. When paper begins to peel it is not replaced but rather helped on its way. No effort is made to do any amateur decorating. The general effect is very depressing. Often the rent of these houses has been less than ten shillings a week for years. The second tenant is the one who wants a 'new house' despite a probable rent of forty shillings a week and in my view have little to recommend them as a tenant of the Council.

(d) INSPECTION AND SUPERVISION OF FOOD.

Milk: There is one registered distributor in the area and one dairy premise registered for the same purpose. A supplementary licence was issued to a distributor whose dairy is outside the area. Inspection of these premises and sampling of milk is carried out by the County Council and reports are directed by the County Analyst.

On more than one occasion complaints were received concerning foreign bodies found in milk, including glass. While the firms supplying milk take every precaution to avoid damage to containers during the bottling process, pieces of glass are found in the milk from time to time. I hope it will not be long before milk is supplied to schools in non-returnable containers made of material other than glass.

Ice Cream: No ice cream is manufactured in the Rural District, but 31 premises are registered for the sale of pre-packed products. All samples taken were found to be of Grade 1 standard.

Meat: There are 11 licensed slaughterhouses in the area. These are widely scattered and under the present legislation the only requirement is for the slaughter man to give 3 hours' notice of his intention to slaughter. This time seldom, if ever, coincides with slaughtering in another nearby slaughterhouse. The result is that meat inspection is time-consuming and involves a considerable amount of travelling. Appendix D, Table 4, gives full details of the inspections carried out.

Licensed Premises: As reported last year, I attended the Ilminster Brewster Court held in February, 1957, and reported on the defects which had been remedied at the various licensed premises under the jurisdiction of the court.

These mainly referred to the state of decoration of licensed rooms, lighting, the provision of satisfactory washing facilities for glasses in the bar serveries, including constant hot water, and the provision of adequate toilet facilities for both sexes.

I consider that a wash hand basin with soap and towel is essential in all toilets and ask for such provision whenever a major reconstruction is undertaken. However, a large local brewery do not agree and refuse to provide a basin in a man's toilet in their houses, although they do provide them in female toilets. The subtle difference in need was not explained to the court but they claimed that a wash hand basin was not a statutory requirement and they were not asked by the magistrates to provide one. There the matter stands at present. Fortunately most breweries are more considerate of the needs of their male customers and provide adequate accommodation for them.

Food Premises: The Public Health Committee continued to take a keen interest in the hygiene of food premises throughout the year. Routine inspection of premises continued.

APPENDIX A. TABLE 1.

Registrar-General's Estimate of population mid 1957	...	...	12,400
Area:	...	...	54,600 acres.
Number of inhabited houses at the end of 1957 according to the Rate Book	...	...	4,285
Rateable Value	...	...	£86,868
Sum represented by a penny rate	...	...	£358. 7. 4d.

APPENDIX B. TABLE 2.

BIRTH RATE: 12.9 per 1,000. Comparability Factor 1.07

<u>Live Births:</u>				<u>M.</u>	<u>F.</u>	<u>Total.</u>
Legitimate	...	...		73	81	154
Illegitimate	...	...		4	2	6
			<u>Total</u>	77	83	160
<u>Stillbirths:</u>						
Legitimate	...	...		3	3	6
Illegitimate	...	...		-	-	-
			<u>Total</u>	3	3	6
<u>Deaths of Infants under 1 year:</u>						
Legitimate	...	...		1	4	5
Illegitimate	...	...		-	-	-
			<u>Total</u>	1	4	5
<u>Deaths of Infants under 4 weeks:</u>						
Legitimate	...	...		-	2	2
Illegitimate	...	...		-	-	-
			<u>Total</u>	-	2	2

APPENDIX A. TABLE 3.

DEATH RATE: 11.2 per 1,000. Comparability Factor 0.93.

				<u>M.</u>	<u>F.</u>	<u>Total</u>
<u>Causes of Death:</u>						
Heart:	Coronary disease	...		11	5	16
	Other heart disease	...		9	18	27
Circulation:	Vascular lesions of nervous system			10	13	23
	Other circulatory disease			1	2	3
Cancer of:	Breast	...		-	3	3
	Lung	...		3	-	3
	Stomach	...		2	2	4
	Other sites	...		9	9	18
Lungs:	Bronchitis	...		2	1	3
	Influenza	...		1	2	3
	Pneumonia	...		2	1	3
	Pulmonary Tuberculosis			1	-	1
	Other respiratory disease			1	1	2
Duodenal Ulcer	...	...		1	-	1
Diabetes	...	...		-	1	1
Leukaemia	...	...		-	1	1
Congenital malformations	...	...		2	-	2
Nephritis	...	...		1	2	3
Non Pulmonary Tuberculosis	...	...		1	-	1
Hyperplasia of prostate	...	...		5	-	5
Other ill defined diseases	...	...		6	4	10
Motor vehicle accidents	...	...		1	-	1
All other accidents	...	...		3	1	4
Suicide	...	...		1	-	1
			<u>Totals</u>	73	66	139

APPENDIX B. TABLE 1.

CHILD WELFARE CENTRES.

Statistics for the twelve months ended 31st December, 1957.

			<u>Shepton Beauchamp.</u>	<u>Tatworth.</u>	<u>Winsham.</u>
1. Number of children who first attended during the year and who at their first attendance were :-					
Under one year of age	...	...	14	19	16
2. Number of children who attended during the year and who were born in :-					
(a) 1957	...	...	11	19	12
(b) 1956	...	...	15	13	4
(c) 1955 - 52	...	...	22	26	22
3. Total attendances during the year made by children who at the date of attendance were :-					
(a) Under one year of age	...	...	106	123	86
(b) Over one but under two years of age	...	...	37	53	22
(c) Over two but under five years of age	...	...	88	105	48
4. Number of individual mothers who attended during the year	...	...	40	48	28
5. Total number of sessions held :-					
(i) with Medical Officer	...	...	12	11	3
(ii) other sessions	...	...	-	1	9
Number of children examined by doctor			28	48	25
Total number of medical consultations			86	125	25
6. Immunisations completed for :-					
Diphtheria	...	...	-	2	-
Diphtheria-Pertussis	...	...	9	1	-
Diphtheria-Pertussis-Tetanus	...	...	-	2	-
Smallpox Vaccination	...	...	16	8	-
Pertussis	...	...	-	-	1

APPENDIX B. TABLE 2.

Name of School.	No. on Roll.	No. in- spected.	Date of inspection.	Children having milk.	Children having dinner.	Diphtheria immunisation.
Ashill	21	17	25. 9. 57	100%	80.95%	-
Broadway	44	25	16.10. 57	95.45%	63.63%	8
Buckland St. Mary	35	21	15.10. 57	100%	88.56%	-
Chaffcombe	28	11	12. 9. 57	100%	57.14%	-
Chillington	28	14	25. 9. 57	100%	89.29%	7
Combe St. Nicholas	55	30	18. 9. 57	90.90%	35.15%	-
Donyatt	31	15	26.11. 57	96.77%	48.39%	6
Hinton St. George	76	38	16. 1. 57	96.05%	50%	23
Horton	56	31	13.11. 57	94.64%	46.43%	10
Ilton	81	37	18. 1. 57	96.29%	59.25%	27
Merriott	117	53	30. 9. 57	85.47%	29.91%	-
Misterton	51	26	20. 2. 57	100%	25.49%	7
Seavington	33	23	20. 3. 57	96.96%	100%	11
Shepton Beauchamp	48	27	19.11. 57	95.82%	50%	6
Tatworth	127	60	19. 9. 57	85.11%	33.86%	-
Wambrook	16	11	4. 9. 57	100%	50%	-
West Crewkerne	40	19	21. 2. 57	100%	90%	16
Whitestaunton	17	4	4.10. 57	100%	76.47%	-
Winsham	90	47	10. 5. 57	98.77%	56.66%	8

APPENDIX C. TABLE 1.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

<u>Disease.</u>			<u>Total cases notified.</u>
Scarlet Fever	...	...	1
Measles	...	...	13
Whooping Cough	...	...	49
Poliomyelitis	...	...	2
Pneumonia	...	...	5

ANALYSIS OF CASES NOTIFIED.

Under 1 yr. 1-2. 2-3. 3-4. 4-5. 5-10. 10-15. 15-20. 20-35. 35-45. 45-65. 65+

Scarlet Fever	...	-	-	-	-	-	1	-	-	-	-	-
Measles	...	-	-	1	-	2	6	3	1	-	-	-
Whooping Cough	...	5	2	3	4	4	24	5	-	-	1	1
Poliomyelitis	...	-	-	-	-	-	-	1	-	1	-	-
Pneumonia	...	-	-	-	-	-	2	-	-	-	1	1

TUBERCULOSIS.

<u>Age Group.</u>	<u>New Cases.</u>				<u>Deaths.</u>			
	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory.</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
- 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	-	-	-	-	-	-
15 - 25	-	1	-	1	-	-	-	-
25 - 35	-	-	-	-	-	-	-	-
35 - 45	-	-	-	-	-	-	-	-
45 - 55	-	1	-	-	-	-	-	-
55 - 65	1	-	-	-	-	-	-	-
65+	-	-	-	-	-	-	-	-
<u>Totals</u>	1	2	-	1	-	-	-	-

APPENDIX C. TABLE 2.

MASS RADIOGRAPHY.

<u>MINIATURE FILMS:</u>				<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Tatworth	...	...		126	157	283
Cambe St. Nicholas	...	...		62	75	137
Merriott	...	...		91	139	230
Misterton	...	...		43	65	108
Hinton St. George	...	...		43	68	111
Shepton Beauchamp	...	...		103	134	237
<u>Totals</u>				468	638	1106

<u>LARGE FILMS:</u>						
Recalled	...	...		7	13	20
Did not attend	...	...		1	-	1
Normal	...	...		2	4	6
Significant	...	...		3	9	12
Being investigated	...	...		1	-	1
<u>Totals</u>				14	26	40

ANALYSIS OF TUBERCULOUS CASES.

		Under 15.	15-24.	25-34.	35-44.	45-59.	60+	Total.
<u>Active Tuberculosis:</u>								
Male	...	-	-	-	-	-	-	-
Female	...	-	-	-	-	-	-	-
<u>Total</u>		-	-	-	-	-	-	-
<u>Inactive Tuberculosis:</u>								
Male	...	-	-	-	-	-	-	-
Female	...	-	-	-	1	1	-	2
<u>Total</u>		-	-	-	1	1	-	2
<u>Under observation:</u>								
Male	...	-	-	-	-	1	-	1
Female	...	-	-	-	-	-	-	-
<u>Total</u>		-	-	-	-	1	-	1

<u>Non-Tuberculous Cases:</u>		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Bacterial and Virus Infections of Lungs	...	-	1	1
Pulmonary Fibrosis	...	1	2	3
Sarcoidosis	...	-	1	1
Congenital Abnormality of the Bony Thorax	...	1	-	1
Benign Tumour	...	-	1	1
Abnormality of the Diaphragm	...	-	1	1
Acquired Cardio Vascular Lesion	...	-	1	1
<u>Total</u>		2	7	9

APPENDIX D. TABLE 1.

Piped Supplies - results of samples taken for Analysis:

<u>Raw Water.</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>
<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>
11	-	4	-	12	-	3	-

Water Supplies from Public Mains:

<u>Direct to Houses.</u>		<u>By means of Standpipes.</u>	
<u>No. of Dwelling-</u>	<u>Population.</u>	<u>No. of Dwelling-</u>	<u>Population.</u>
<u>-houses.</u>		<u>-houses.</u>	
3,070	9,757	37	124

APPENDIX D. TABLE 2.

Factories Acts, 1937 & 1948.

Inspections for the purpose of provisions as to Health (including inspections made by the Public Health Inspector).

<u>Premises.</u>	<u>Number on Register.</u>	<u>Inspections.</u>	<u>Written Notice.</u>	<u>Occupiers Prosecuted.</u>
Factories in which Sections, 1,2,3,4 and 6 are to be enforced by Local Authorities:	8	13	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority:	25	31	-	-
<u>Totals</u>	<u>33</u>	<u>44</u>	<u>-</u>	<u>-</u>

Cases in which defects were found	...	...	Nil
Cases in which defects were found and remedied	...	...	Nil.

OUTWORKERS.

No. of Outworkers in August List required by Section 10	286
---	-----	-----	-----

APPENDIX D, TABLE 3.

HOUSING.

Total number of permanent dwellings in District	1956. 4,248	1957. 4,285
Total number of permanent dwellings owned by Local Authority	715	734

Action taken during year:-

<u>Formally:</u>	(1) No. of houses included in Clearance Areas still to be made	None.
Section 2, Hsg. Repairs & Rents Act, 1954	(2) No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	None.
Section 25 Hsg. Act, 1936	(3) No. of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	7
Section 11 Hsg. Act, 1936	(4) No. of houses demolished under Section 17 of the Housing Act, 1957 (Individual Units)	8
	(5) No. of temporary dwellings (huts, &c.) demolished	6 huts.
Section 9 Hsg. Act, 1936	(6) No. of houses declared unfit under Section 9 of the Housing Act, 1957	23
	(7) No. of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders	2
	(8) No. of unfit houses occupied under licence	None.
	(9) <u>Rent Act, 1957 (1st Schedule) Certificates of Disrepair:</u>	
	(1) No. of applications received	1
	(2) No. of Certificates issued	None

<u>Houses erected during year.</u>		<u>Houses in course of erection.</u>		<u>Gained from conversion of large houses or buildings into flats or dwellings.</u>		<u>Lost from conversion of two or more houses to one.</u>
For Slum Clearance.	For other purposes.	For Slum Clearance.	For other purposes.			

Local Authority	27	-	Nil	Nil	Nil	Nil
Private Enterprise	Nil	25	Nil	14	Nil	Nil

No. of Post-War Houses erected from 1st April, 1945, to 31st December, 1957.

By Local Authority. By Private Enterprise.

Housing Programme for 1958.

For Slum Clearance. For other purposes.

482

191

Nil

Nil

(a) No. of temporary housing units occupied -	(i) Prefabs.	...	30
	(ii) Huts, &c.	...	Nil
(b) No. of houses found overcrowded	...	...	1
(c) No. of houses made fit during year	...	...	5

Houses required:-

(i) To replace houses scheduled for demolition	...	Nil
(ii) To abate overcrowding	...	Nil
(iii) For other purposes	...	Nil

Total number of applications for Council houses at the end of the year	193
Total number of Council houses sold during year	Nil

IMPROVEMENT GRANTS.

Number of applications and houses dealt with by Local Authority:-

		<u>Received.</u>		<u>Approved.</u>		<u>Rejected.</u>	
		<u>Appli-</u> <u>-cations.</u>	<u>No. of</u> <u>dwelling.</u>	<u>Appli-</u> <u>-cations.</u>	<u>No. of</u> <u>dwelling.</u>	<u>Appli-</u> <u>-cations.</u>	<u>No. of</u> <u>dwelling.</u>
31/7/49 - 31/12/1956	...	90	107	71	85	17	19
During year	...	11	12	11	12	Nil	Nil
<u>NOTE:</u> Number of applications approved in respect of owner/occupiers							
during year	...			...			9
Average cost per dwelling approved during year				...			£608
Average rent fixed	...			...			Rent limit under 1957 Rent Act.
Amount of grant payable by Local Authority				...			£200 max.

APPENDIX D. TABLE 4.

Carcases and offal inspected and condemned in whole or in part during year:

	<u>Cattle</u> <u>excl'dg.</u> <u>cows.</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep</u> <u>and</u> <u>Lambs.</u>	<u>Pigs.</u>	<u>Horses.</u>
Number killed (if known)						
Number inspected	...	664		364	962	584
<u>All diseases except Tuberculosis</u> <u>and Cysticerci.</u>						
Whole carcases condemned	...			1	1	5
Carcases of which some part or organ was condemned	...	36		2	3	10
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci		5.4%		1%	0.4%	2.6%
<u>Tuberculosis only:</u>						
Whole carcases condemned	...	2				
Carcases of which some part or organ was condemned	...	39				11
Percentage of the number inspected affected with tuberculosis		6.3%				2%
<u>Cysticercosis:</u>						
Carcases of which some part or organ was condemned						
Carcases submitted to treatment by refrigeration						
Generalised and totally condemned						
Weight of meat condemned (in lbs.) for :-	...	275				
(a) Tuberculosis						
(b) Cysticercosis						
(c) Other	...	29				
Total (in lbs.) condemned	...	304				

APPENDIX D, TABLE 5.

CAMPING SITES.

	<u>Permanent.</u>	<u>Seasonal.</u>	<u>Combined.</u>
No. of licences issued for individual moveable dwellings	...	17	1
No. of camping sites for which licences have been issued	...	-	1
Maximum number allowed per acre		34	15

Slaughterhouses

Carcases and offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. killed (if known)	N O T K N O W N					
No. inspected	1,134	Not known	1,112	5,536	1,641	--
<u>All diseases except tuberculosis and Cysticerci</u>						
Whole carcases condemned	29	-	12	16	9	-
Carcases of which some part or organ was condemned	181	-	-	283	395	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	18.5	-	1.08	5.4	24.6	-
<u>Tuberculosis only</u>						
Whole carcases condemned	-	-	-	-	2	-
Carcases of which some part or organ was condemned	2	-	-	-	38	-
Percentage of the number inspected affected with tuberculosis	0.18	-	-	-	2.4	-
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	4	-	-	-	-	-
Carcases submitted to treatment by refrigeration	1	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
Weight of meat condemned (in lbs.) for:-						
(a) Tuberculosis	34	-	-	-	616	-
(b) Cysticercosis	285	-	-	-	-	-
(c) Other	15,436	-	780	2,620	2,112	-
Total (in lbs.) condemned	15,782	-	780	2,620	2,728	-

